

Documents needed for Restaurant Quote

- Certificate of formation
 - Tax ID number
 - Copy of duct cleaning contract
- Fax: 888-959-0340**

Name of owner/s:

Cell:

Email:

Business Name:

Address:

Tax ID number:

Entity: LLC / Sole proprietor / Corp

Describe type of restaurant: Family:

of tables:

Eat-in/Takeout:

Liquor: Yes or No

Describe any entertainment:

Security guards: Yes or No if yes, are they hired directly or thru an agency?

Annual gross sales:

Payroll:

#of employee's:

Sq ft of location:

Contents value:

Equipment value:

Frozen inventory:

of claims in the past:(if applies please describe incident)

